



May 11, 2010

MEMORANDUM**TO:** All Active Employees Covered by the State Police Officers Council (SPOC) Bargaining Agreement**FR:** Benefits Team, Iowa Department of Administrative Services – Human Resources**RE:** **July 1, 2010 Premium Rates and Annual Enrollment and Change Period Information**

This memorandum provides information regarding the SPOC health and dental premium information effective July 1, 2010 and information on your annual enrollment and change period.

Your annual enrollment and change period will run from **May 11, 2010 through June 11, 2010**. Changes that you make during this time period will become effective **July 1, 2010**.

During this time period you may enroll in the SPOC plan if you are not already enrolled; add eligible family members; or remove family members from your plan. Your benefit election will remain in effect until the next year's enrollment and change period. You will not be able to make any changes until your next annual enrollment and change period unless you have a qualified life event.

Expanded Dependent Eligibility

The definition of "dependent child" was revised with passage of the federal Affordable Care Act and now includes your children through the end of the year in which they turn age 26. The dependent child may be married or unmarried. If married, the dependent's spouse is not eligible for coverage.

During this enrollment and change period you may add any dependent who meets the above criteria for coverage effective July 1, 2010. In addition to the extension of the dependent's age for eligibility, this new federal legislation also removed the tax liability for these over age dependents. Therefore, there is no tax consequence for a dependent over age 19 who is not a full time student to be on your plan.

You can review benefit information at the following website: http://benefits.iowa.gov/spoc_gen_info.html.

Monthly premiums effective July 1, 2010

(Single and double spouse premiums are paid in full for both the health and the dental plan)

| Alliance Select Family Premium | | | Delta Dental Family Premium | | |
|--------------------------------|------------|----------|-----------------------------|------------|---------|
| Total Premium | State Pays | You Pay | Total Premium | State Pays | You Pay |
| \$1,004.10 | \$828.20 | \$175.90 | \$69.66 | \$53.46 | \$16.20 |

* Deductions will begin with the paycheck of June 18, 2010.

If you have any questions, please contact:

Public Safety Employees

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Natural Resources Employees

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